

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885



INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifications.	form should be used for correspondence including delow or directed others.	or trange the serwise	esmitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUBLIC ders and notification) specifying a new co	of n	ON FEE (if requinaintenance fees we pondence address;	red). B	Blocks 1 through 5 s mailed to the current (b) indicating a sep	hould corre: arate "	be completed where spondence address as FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
21839	7590 09/11	/2006									
BUCHANAN, POST OFFICE ALEXANDRIA		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.									
										(Depositor's name)	
										(Signature)	
•						•				(Datc)	
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTO		ATTC		ORNEY DOCKET NO.		NFIRMATION NO.	
10/790,753 03/03/2004			Gary Everett Grollimund			033018-138 2906					
	:: PISTON PUMP USEF									DATE DUE	
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	NO		\$300		\$0		\$1700		12/11/2006	
EXAMINER			ART UNIT	CLASS-SUBCLASS		j					
KERSHTEYN, IGOR			3745	092-031000				_			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Buchanan Ingersol1 & Rooney PC						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO E	BE PRINTED ON	THE PATENT (print o	or typ	ne)				-	
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp GNEE	ified b	clow, no assignee of this form is NO	data will appear on the Ta substitute for filing (B) RESIDENCE: (C)					locumo	ent has been filed for	
Philip Môrris USA Inc. Richmond, Virginia USA											
Please check the appropr	riate assignee category or	catego	ories (will not be pr	inted on the patent):		Individual 🗓 Co	rporati	ion or other private gr	oup en	ntity Government	
4a. The following fcc(s) are submitted:				4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fce(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).							
	atus (from status indicate			D				71771	rn i d	27()(2)	
	ns SMALL ENTITY state and Publication Fee (if req records of the United Sta							FITY status. See 37.0 attorney or agent, or t			
Authorized Signature	$\overline{}$	tcs Pat	ent and Trademark	Office.		DateDeô	្តែក្នុង (ទីភ្នំង (embe	er 4, 2006		33,63 0p	
Typed or printed nam			Registration N	lo	31917		• ·				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.